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Washington, D. C., 20007,
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Dr Joshua Lederberg, Columnist,
The Washington Post,
Washington, D. C.

Dear Dr Lederberg:

I have just read your column on infant mortality, and how the Scandanavian countries have a lower rate than the U. S. A. I heard an interview on the radio with a Swedish doctor who says that this difference is largely due to the fact that Sweden uses different criteria for what it considers a live-born or still-born infant from those used in this country. Now beginning here I am on uncertain ground, for I do not recall exactly what the difference is, but I vaguely remember his saying something like the American doctors regarding an infant as live-born if it shows any signs of life, while Swedish doctors do so only if it responds to certain induced stimuli (which I do not recall to the extent that it would be worth mentioning my impressions); and that if the infant does show certain signs of life, but does not pass the demanding Swedish test and later 'dies,' in Sweden it would never have been considered alive, whereas in the U. S. A. it would have been considered live-born and later to have died. Then he also went on to mention other possible (but little-understood) factors, such as an ethnic or hereditary causes as possible influences which could induce the difference between American and Swedish figures.

Sweden is a small, prosperous, uniform nation; American a large conglomerate of wide differences both ethnically and economically. The two do not make for meaningful correlations between them. I mean, you segregated the Negro statistics from those for whites. To arrive at statistics which are meaningful for comparison between Sweeden, or any country like it, and America, it would be necessary to do the same right on down the line: to separate other groups within the white population according to ethnical (and thus possibly hereditary)differences. (Think, for example, of the Puerto Ricans alone as a distinct group: certainly it would not be meaningful to group them along with people of, let us say, German ancestry.) And so done, the group that would represent the equivalent of the Swedes in Sweden might well correspond to the Swedes in statistics about infant mortality.

Well all that concerns a small point, but it touches on a large issue. You physicians have devised means of reducing infant mortality to a remarkable degree. In previous ages infant mortality was nature's means of keeping populations "under control." (There were others too, such as disease which also your profession has done an enormous amount to reduce, but now we are not discussing that.) In primitive (and some not so primitive)countries it is habitual for families to have many children. Many of these die at an early age, and many adults die prematurely from disease. It is not ethical for modern medicine to "enter" a country bringing with it the means for preventing premature death, without at the same time perfecting techniques for birth control. In fact, modern medicine--this

should become a professional principle--should not be introduced into a country until indoctrination about birth control is widely disseminated and practiced. This, of course, has not been done, and we are now facing the problem of the population "explosion." But to get further away from countries like India and China, which the last thought instinctively brings to mind, and to come home, I would not be so distressed about the relatively high rate of infant mortality in America. Many have argued--and they so argued long ago, 'way back when our population was 120 million--that it would be an unfortunate thing for the population of the U. S. to exceed 200 million; and yet it not only has done so, but is advancing at an increasingly greater rate! You may say that birth-control is a political problem, and indeed it is. That everybody in America knows how to prevent childbirth is certainly true, and therefore it is now, no longer up to physicians but up to the politicians to prevent increase, as by economic "fines" (best done through the income tax) on families who have more than, let us say, two or three children. But you know very well that the committment of these politicians, whether to initiate plans or to espouse them, is determined by pressure, to dispense with delicacies, and some group must now begin to raise the issue of political control of the population problem so that the public will begin to discuss it and so that it will become a great problem of public concern. Now you have written an article on infant mortality. You should also write one--write ten!--on population control. Yours was the profession, Sir, who "interferred" with nature in stopping disease and in reducing infant mortality (and well that you did). It therefore falls to you to initiate the counterpoise of population limitation. If you do not, no one else will (certainly not the politicians!) and in another generation or two we will be a nation of 300 million, increasing geometrically from there to who knows what limit. But as usual, we will probably begin our consideration of the issue only after it becomes a problem (i.e., in this case, after we have become over populated). So that is my appeal to you.

Sincerely yours,

W. P. Henry